

West Virginia Medicaid Aged and Disabled Waiver
Quality Improvement Advisory Council Meeting Minutes
January 28, 2020

Attendees:

Mark Fordyce	Tauniua Hardy
Radene Hinkle	LuAnn Summers
Cecilia Brown	Sara Martin
Marcus Canady	David Maynard
Carissa Davis	Sherry Wooten
Susan Silverman	Erin Beck
Leah Browning	Eric Thompson
Vanessa VanGilder	Terra Muncy

- I. Welcome. Mark Fordyce welcomed Council members, introductions were made and the meeting was called to order.
- II. Meeting Minutes. Minutes from the October 2019 meeting were reviewed and approved. Vanessa VanGilder made a motion to accept the minutes and the motion was seconded by Radene Hinkle.
- III. Take Me Home (TMH) Update. Sara Martin gave an overview of Transition Program numbers since January 2019:
 - Referrals – 256
 - Intakes – 190
 - Qualifying Determinations – 187
 - Transitions – 28 (includes three from 2018, 25 from 2019)
 - Pre-transition Closures – 96
 - Post-transition Closures - 66

There are currently 70 people in the pipeline.

Marcus Canady then updated the group on Money Follows the Person.

- The 2020 budget was submitted to CMS in December.
- There have been some short-term extensions and there is an active transition for one year for 80 transitions. Marcus is confident that the new transition grant will continue into 2021.
- CMS is re-authorizing the Money Follows the Person Program for an additional five years.

Also in the budget was a request for a Take me Home Coordinator who would visit Nursing Homes in an effort to increase referrals, an additional service which would provide funding for assistive upgrades to homes to make them more accessible and additional funding for upgrades to

the Incident Management System (IMS). Regarding the home improvement funding, Marcus hopes to use \$2,500 of the current \$4,000 per person allowance for the upgrades.

Updates on some sustainability initiatives include:

1. TeleHealth. Launching in March. They are targeting 30 people to transition from TMH to the Aged and Disabled Waiver (ADW) and Traumatic Brain Injury (TBI) programs.
2. No Wrong Door. Contracted with WVU-CED. They will work with partners who worked on the original three-year plan from 2015. The Bureau of Senior Services, Behavioral Health, Developmental Disabilities Council, Medicaid and the ADRN's will be on the steering committee. Still need to decide who will control the registry.
3. Online Case Management. The pilot has been extended through June 2020. At the conclusion of the Pilot, a report will be created and submitted to Cindy Beane at BMS and will discuss the overall experience by users and outline the advantages/disadvantages and recommendations of using an online Case Management system.

Mark Fordyce told the group about a six-month TBI Pilot that will also utilize Tele-Health services to monitor chronic conditions. Equipment will be put in the home to monitor blood pressure, glucose, weight, etc. Test results will be sent to a Tele-Health professional and follow-up will be given, if needed. The hope is to implement the program into Waiver programs at the end of the six months. They will make a presentation at the Quarterly Provider meeting on February 12, 2020.

IV. ADW Application and Policy Update. Issues include:

- Work continues on the Application. There were eight forums held statewide and meetings continue to finalize the application.
- The RFP for Electronic Visit Verification (EVV) has gone out. This CMS directive will need to be incorporated into the Application and new policy manual.
- Preparations continue on implementation of Conflict-Free Case Management, a CMS requirement. KEPRO is distributing information to participants during assessment visits.
- Personal Emergency Response Systems (PERS) will be offered to those that want them in the new manual.
- Preparations continue regarding issuing NPI numbers to all Personal Attendants/Direct Care Workers.
- After the Application is finalized, it will be posted for a 30-day public comment period. All relevant comments will be incorporated into the Application and it will then be submitted to CMS for review. It will then be posted again for comments. The Application will be finalized first, and then work will begin on the Policy Manual.

At BMS's request, CMS is sending a Special Review Team (SRT) next week to review West Virginia's handling of Health and Safety issues for their members. They will specifically look at the Incident Management System (IMS), interview service providers and some program participants and advocacy groups. A report will be issued following their visit with their findings and recommendations.

One program participant, Eric Thompson brought some concerns to the Council meeting. Mr. Thompson said he was not aware of any of the ADW forums that were conducted and felt that he was not able to submit any comments or recommendations for the new manual. The group then discussed various ways to publicize future public meetings and agreed that it is difficult to notify people state-wide and invite them to submit comments and/or participate in such forums. Going forward, it was agreed that BMS will look into additional methods to advertise any such meetings/forums when gathering input for future manuals. Eric also said that a petition that he submitted with comments on the last Application were never received.

Mr. Thompson also discussed the following:

- Disagrees with the mileage cap in the manual because he feels it puts people who live in rural areas at a disadvantage
- Would like to bring back Participant Directed Goods and Services (PDGS) in the Personal Care program. This service allowed people to purchase goods and services including assistive devices, home modifications and personal emergency response systems to increase their independence and safety at home and in the community. He could use this service to purchase skis for his wheelchair, for example, that would reduce his need for assistance from his PA to go to the grocery store or post office. This service was discontinued in the 2015 Policy Manual.
- Disagrees with requiring Case Management for people on the Personal Options program. Some people are fully capable of self-direction and don't need a Case Manager.
- Would like to allow Resource Consultants to use texting to communicate with participants
- Asked if there were any forums for PPL participants to share information such as, the best ways to get and train workers in CPR, First Aid, background checks, etc. He estimated that one in five workers make it through the whole process.
- Asked if there is Worker's Compensation coverage for workers in the Personal Options program. In the Traditional model, they are covered through their employer, but within PPL, they are basically waiving Worker's Compensation coverage. It would be very expensive for a participant to cover their workers.

Regarding PPL forums, Tera Muncy thought there was a peer group for PPL, possibly through Boston College/the Roberts Wood Johnson foundation. Discussion continued regarding PPL budgets, Service Planning, the difference in Resource Consultants and Case Managers, etc. Also, it was explained that there is a process in the manual to request extra mileage. Eric wasn't aware of that and said he will be sure to make other members in his group aware. Mr. Thompson also said he submitted a petition with these and other issues to CMS which he will forward to BMS and BoSS. BoSS pointed out that PowerPoints and handouts from all provider meetings are posted on their website.

V. Incident Management System (IMS) Update. Cecilia Brown reviewed the enhancements that have been requested for the IMS.

- Add a Hold button and a clearly indicated Incident Modification request button on the Dashboard

- Create reports that can be run to track incident trends, such as incidents from the same agency, late follow-ups from the same agency, etc. to help manage incidents and initiate remediation.

This list will be reviewed, along with any recommendations from the CMS visit, and they will get back to BMS with the cost.

In addition to the IMS enhancements, and to focus more on participant health and welfare, two new IMS investigator positions are being added at BoSS.

VI. Quality Work Plan. Cecilia Brown commented briefly on certain Goals and Objectives in the Quality Work Plan:

Goal 1, Objective 1.1 A. Develop a clinical protocol for “After Action Review” for Service Planning meetings. Work continues on implementing a process for incorporating actual performance in Service Planning. The process should emphasize reviewing past performance and will build on Service Plan items that worked well for participants and will make improvements to services that may not have been as beneficial.

Goal 2, Objective 2.1 A. Health and Welfare Leadership meeting and education on incident management. We have conducted multiple training sessions on the IMS, including emails, quarterly provider meetings, phone calls, etc. We are still discussing a Leadership meeting with agency directors, however, at the very least, we need to be sure directors are looking at the IMS.

Goal 3, Objective 3.1 A. Provide training on the assessment and triage of unsafe environments. We have worked on this with providers for a long time and training continues. The goal is to educate providers so they can triage and assess these situations on their own without relying solely on BoSS to make decisions. Added Time frame of May 2020.

Objective 3.1 C. Establish clinical protocol which implements a safety plan for members with history of domestic violence. Will continue to work on a Safety Plan that prompts the member to think ahead and have a plan in place for actions they may need to take if they are confronted with a domestic violence situation, including a plan if they need to leave their home. Added Time Frame of May 2020.

Objective 3.1 E. Distribute the Purchasing Form and the Accountability Agreement Form developed by the Quality Council. Both of these forms are meant to track all funds that pass between the member and the personal attendant. Use of these forms by providers will be encouraged going forward to prevent the potential for exploitation. Terra Muncy and Mark Fordyce asked to work on this Goal.

Goal 4: To incorporate Stakeholder input into the ADW program’s Waiver Application and ADW policy. Both Objectives A. and B. are complete.

Goal 5: To incorporate the provider Plans of Correction into the provider processes to increase compliance and quality improvements. This change in process would be effective with the new ADW manual. Will need to train agencies to tie Plans of Corrections to their training and education of staff. Agencies should incorporate the BoSS monitor’s findings into their Quality Management Plans. This will also be added to the Certification process.

Goal 6: To increase health and welfare within the provider monitoring and certification process. This goal will be implemented with the new ADW manual. Changes will be made to the current monitoring and certification process to increase scrutiny on member health and welfare.

Goal 7: To ensure member complaints are heard and responded to at the provider level. Need to ensure that providers track and respond to member complaints. A process will be added to the new ADW manual.

Goal 8: To ensure member healthcare is addressed. This goal will focus on preventative measures that can be taken to improve members' health and welfare. Training and education, distribution of literature, such as the STOP THE TOP 3 Fact Sheets will help identify potential problems before they start. Radene Hinkle at PPL distributes a brochure on Hydration that she will send to BoSS. The Tele-Health Pilot that Take Me Home is testing is another option to promote prevention of worsening healthcare issues. A Healthcare Coordination check will also be added to the CM monthly contact form.

Goal 9: To monitor unexplained mortalities. The Quality Council will review this process and make improvements, where needed.

Adding Goal 10: Forms. Tami Shamblin and Sherry Wooten will head up a Forms Subcommittee. They will look at current forms and processes and will review and revise them where needed to comply with Council Goals and the new ADW policy manual. Radene Hinkle and Taniua Hardy will also join the committee. The review will include PPL forms as well.

With no further business, Radene Hinkle motioned to adjourn, and Mark Fordyce seconded.

Next Meeting: April 28, 2020